

Development Plan Review Application

Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | planning@rolesville.nc.gov

Planning Department Home Page: Official Town Webpage

PROJECT & PLAN INFORMATION:					
□ Preliminary Subdivision Plat	(PSP)	☐ Site Dev	elopment Plan	(SDP)	
☐ Construction Infrastructure Drav	vings (CID)	☐ Final Su	bdivision Plat	(FSP)	
Submittal #: x□ Original □ 2 nd □ 3 rd □ Other _	OR □ Revi	sion to Previously Appre	oved ()	
If a resubmittal, revisions to the plan must be clo	ided and a comment respon	se letter must be provide	d for the resubmittal t	to be complete.	
Legal Description (Book of Maps if platted, or	Register of Deeds Bk/Pg if	not): BM1985 PG 180	7		
Proposed Project Name: Rolesville Road Mixed Use		Site Address: 1216 Rolesville Road			
PIN(s) or REID(s): 1768-33-7689		Site Area (in acres): 11.78			
Associated Previous Case Number(s):		Current Use(s): Vacant			
Zoning District(s): Neighborhood Center Conditional Zoning (MA 22-05)		Zoning and/or Watershed Overlay(s):			
		Proposed Residential Dwelling Units; 68			
(Residential or Nonresidential): 69		Proposed Residential Density: 6.9 u/a			
Summary Description of Proposed Use / Projection					
Rolesville Road Mixed Use is a subdivision loc proposed subdivision includes 68 townhomes localculations and is treated by the proposed SC sidewalk, roadways and trail. The future comm	ots, and one lot for future of the control of the c	commerical use. The fut areas include the propos	ture commerical lot is sed townhomes, drive	is accounted for in the stormwater eways, patios, and the proposed	
APPLICATION REQUIREMENTS					
Application shall include the following docum documents may be requested by the Case Pl			mplete and ready fo	or review. Additional supporting	
☐ Completed Application & Specific application checklist.					
☑ PDF's (Flattened, < than 100MB) of any/all documents		Sketch/Pre-Submittal meeting notes (if applicable).			
☐ FIRM panel, USGS, and Soil Survey Maps,as applicable.		☐ Any approved/recorded Special Use Permits, Variances, etc.			
☐ Note: INVOICE issued for the application fee payment during the completeness check or following application review.		☐ Traffic Impact Analysis, ITE Traffic Generation Letter, or Letter/Email from Planning staff confirming one is not required			
Financially Responsible Party OPTIMA	L DEVELOPMENT LL	С			
(*that who receives and will pay Invoice	es for the Actual Cost	Consultant Review	Fees*)		
Mailing Address 924 EVENING SNOW ST City/State/Zip WAKE FOREST NC 27587-3968					
Phone 610-295-3699 Email Shaar@myoptimalequity.com					
Property Owner OPTIMAL DEVELOPM	ENT LLC		(if more	than 1 use separate sheet)	
Mailing Address 924 EVENING SNOW ST	-	City/State/Zip WA	KE FOREST NC	27587-3968	
Phone 610-295-3699	e 610-295-3699 Email Shaar@myoptimalequity.com				
Applicant / Engineer / Architect / Attorr	ney / Agents				
Name: <u>Jon Frazier</u>	Phone: <u>919-610</u>	<u>-1051</u> Ema	il: <u>jfrazier@flmen</u>	ngineering.com	
Name:	Phone:	Emai	Email:		
Name:	Phone:	Emai	Email:		
Name:	Phone:	Emai	Email:		
Primary Point of Contact: ☐ Owner	☐ Applicant	x Engineer/Architect	□ Registered	d Agent/Attorney	